

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-001731

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 301

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 2 hrs. | c. CITY OR TOWN Wellington |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1/2 Mile West 131 & old 24 int. |
| 3. NAME OF DECEASED (Type or print) First INFANT Middle MASON Last | | 4. DATE OF DEATH Month January Day 17 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/16/63 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (last birthday) 0 |
| 13a. FATHER'S NAME Preston Mason | | 13b. MOTHER'S MAIDEN NAME Eleanor Walton | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Prematurity DUE TO (c) | | 11. BIRTHPLACE (City and state or country) Richmond, Mo. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 17. INFORMANT Mrs. Joe Walton Address Wellington, Mo. | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY. STATE | |
| 21. I attended the deceased from 1-16-63 to 1-17-63 and last saw him alive on 1-17-63 Death occurred at 1-17-63 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] (Degree or title) D.O. | | 22b. ADDRESS Wellington, Mo | |
| 22c. DATE SIGNED 1-18-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 1/19/1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Cokored Cemetery | | 23d. LOCATION (City, town, or county) (State) Wellington, Missouri | |
| 24. FUNERAL DIRECTOR J. C. Sheppard Address Wellington, Missouri | | 25. DATE RECD. BY LOCAL REG. 1-17-63 | |
| 26. REGISTRAR'S SIGNATURE [Signature] | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

301

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by not embalmed - Packs, Student Embalmer No. _____,
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Blair Shippard

Licensed Embalmer No. 4179

P. O. Address

Wellington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.